CALIFORNIA LIQUID WASIE HAULER RECORD

015-011284

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

Type of Process which Produced vessels: Cleamples: create leating, equipment cleaning, oil drilling Check type of wates:		The second secon		and the second of the second o
Tresphane Number:	Name Align NUM	1 CO OF AMURI	(/-	ADDOTT OIL CO.
Tresphane Number:	Pick up Address:	11.12 11	= NON	Phone: (213) 321-1392
Date:	Telephone Number: ()_	P.O. or Contract	No.: 1014 46	Pick Up: Time: Time: dpm
Components:	Order Placed By:	<u> </u>	Dete: 9 17-50	State Liquid Waste Hauler's Registration No. (If applicable): 15
Camponents Cam	Type of Process			Job No.: No. of Loads or Trips: Unit No
The described water was harded by me to the disposal factory amend below may be presently of declare) under penalty of perjury Care Care	which Produced Westes:	Examples: metal plating equipmen	of cleaning oil drilling - CODE NO.	
Check type of wastes: Acid solution B. Tetrasthyl lead sludge 11. Conteminated soil and send that foregoing is true and correct. Send to the fo		wastewater treatment, pickling bet	h, petroleum refining)	
that the foregoing is true and correct. Conteminated soil and sand 12. Contemin	***	and the second s		
1. Acid solution Commission of the water Commission of the water	Check type of wastes:			
2. Alkaline solution 7. Chemical tolist waste 12. Cannery weste 13. Latex waste 14. Mud and water 15. Spring 15. Spring 16. Mud and water 15. Spring 1	1. Acid solution	6. Tetraethyl lead sludge	11. Contaminated soil and sand	
A. Paint sludge S. Oli 14. Mud and water 15. Brine 16. Solvent 10. Ording mud 15. Brine 15. Brine	2. Alkaline solution	7. Chemical toilet wastes	12. Cannery waste	
S. Solvent 10. Drilling mud 15. Brine Other (Specify) Components: (Examples: Hydrochloric acid, lime, caustic sode, blanch facility and it was an ecosptable local restrictions. State Department of Health regulations, and local restrictions. State Department of Health regulations, and local restrictions. Concentration: Lower Department (list), dryanida) 10. Department (list), dryanida) 11. Department (list), dryanida) 12. Department (list), dryanida) 13. Department (list), dryanida) 14. Department (specify): Department (spe	3. Pesticides	8. 🗆 Tank bottom sediment	13. 🗆 Letex weste	
The hauler above delivered the described weets to this disposal facility and it was an acceptable managements. Components: Components	4. 🔲 Paint sludge	9. 🗆 011	14. Mud and water	Name (print or type):
Components: Committed Com	5. 🗆 Solvent	10. Drilling mud	15. 🗆 Brine	Site Address:
Components: [Examples: Hydrochloric acid, lime, caustic sode, phenolics, solvents (list), metals (list), metal	Other (Specify)			material under the terms of RWQCB requirements, State Department of Health regulations, and
Handling Method(s): recovery	Components: (Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), Upper Lower % ppm			local restrictions.
2. 3. 4. 5. 6. Hazardous Properties of Wests: pH none toxic flammable corrosive explosive bulk Volume: gas toms barrels category The weste is held for disposal subspaces stelly fine logation:				Handling Method(s):
treatment (specify): treatment (specify): disposel (specify)	<u>1</u>			l
3.	2.			· ·
4. 5. 6. Hezardous Properties of Weste: pH				treatment (specify): [EXAMPLES: INCINERATION, NEUTRALIZATION, PRECIPITATION] CODE NO.
6. Hazardous Properties of Weste: pH	4.			disposel (specify): pond spreeding landfill. injection well
If weste is held for disposal elawhere steaffy, first location: Disposal Date:				// com no.
Cortify (or declare) under pensity of perjury that the foregoing is true and correct. Containers: GRUMBER GR	<u> </u>			If waste is held for disposel elsewhere specify, final logition:
Cortify (or declare) under pensity of perjury that the foregoing is true and correct. Containers: GRUMBER GR	6.			Disposal Date:
Bulk Volume: gel tons barrels barrels barrels certons degal other specify The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports. The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports. The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable). I certify for declare) under penalty of perjury that the foregoing is true and correct. The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports. The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports. The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports. The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports. The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports. The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.	1			I certify (or declare) under penalty of perjury
Bulk Volume: gel tons barrels other specify Containers: drums cartons bags other specify Physical State: solid sludge other specify Special Handling Instructions (if any): The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable). I certify (or declare) under penalty of perjury that the foregoing is true and correct. Bulk Volume: other specify I certify (or declare) under penalty of perjury that the foregoing is true and correct. Bulk Volume: other specify I certify (or declare) under penalty of perjury that the foregoing is true and correct. Bulk Volume: other specify I certify (or declare) under penalty of perjury that the foregoing is true and correct. Bulk Volume: other specify I certify (or declare) under penalty of perjury that the foregoing is true and correct. Bulk Volume: other specify I certify (or declare) under penalty of perjury that the foregoing is true and correct. Bulk Volume: other specify I certify (or declare) under penalty of perjury that the foregoing is true and correct. Bulk Volume: other specify I certify (or declare) under penalty of perjury that the foregoing is true and correct. Bulk Volume: other specify Bulk Volume: other speci	pH / 1 none toxic flammable corrosive explosive			
Health with monthly fee reports.	- 11 CH 11		barrets	· •
Physical State: solid iquid sludge other	Bulk Volume:	Ligal Litons #	(42 gal.) U other (SPECIFY)	
Physical State: solid iquid sludge other	Containers:	drums 🗆 cartons 🗆	bags Ø other 7/1/1/1/	
Special Handling Instructions (If any): The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable). I certify (or declare) under penalty of perjury that the foregoing is true and correct. FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300. D.O.T. Proper Shipping Name	(NUMBER)		[apacipy]	
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